

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Office (413) 256-4077 Fax (413) 256-4053

Environmental Health (413) 256-4033

www.amherstma.gov

APPLICATION FOR CONSTRUCTION PERMIT FOR PRIVATE SWIMMING POOL

(According to Regulations of the Amherst Health Department under Section 31, Chapter 111, effective December 22, 1960)

No. _____ Date _____ **Annual Fee - \$75.00**

For _____ Phone _____
(Name and Location)

By _____ Phone _____
(Name, Address and phone of Builder if applicable)

Town Sewer _____ Private Sewer _____ Town Water _____ Private Well _____

Plumber _____ Other _____

Pool Size: Dimensions: _____ feet by _____ feet. Water Volume _____ Gallons

Depth: Deep End _____ Shallow End _____

How Filled: _____
(No Cross Connections Allowed)

How Drained: _____

WATER SANITATION CONTROL:

Filter: _____ Type: _____ Size: _____

Chlorination: _____ Other: _____ Type: _____

Recirculation: _____ Turnover Time: _____

Operating Instructions available at all times? _____

Test Kit Provided? _____ Other Pertinent Information: _____

Signature: _____
(Sanitarian)

Original to: **Applicant**

Copy to: **Sanitarian**

Copy to: **Inspection Services**